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**TOPIC: MEDICAL RECORDS, PRIVACY AND RELEASE OF PCC**

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**PURPOSE:** To ensure the privacy of medical information and ensure that medical information is released only to authorized parties.  
To ensure patient's privacy and rights as well as guarantee patient's rights of privileged communication.  
To ensure that original medical records are released by PCC Community Wellness Center only in accordance with Federal and State Laws, court orders or subpoenas.

**POLICY:** The patient medical record, and all the information it contains, is a legal document and privacy of protected health information is to be safeguarded. The medical record and its contents are to be available only for authorized staff employed or contracted by the clinic. PCC Community Wellness Center recognizes that at times there is a need to share patient information with other institutions, organizations or individuals. This information is, however, private and requires that strict guidelines be followed and proper authorization be received prior to release of any patient information.

**LEVEL OF RESPONSIBILITIES:**

All Staff

**PROCEDURE:**

1. The medical record is the property of the Center and is maintained for the benefit of the patient, the medical staff and the Center. Its primary purposes are to serve as a basis for planning patient care and for continuity in the evaluation of the patient's condition and treatment; to furnish documentary evidence of the course of the patient's medical evaluation, treatment, and change in condition; to assist in protecting the legal interest of the patient, the Center, and the provider responsible for the patient; and to provide data for use in continuing education.
2. The medical record is strictly privileged and shall be available only to authorized individuals (those individuals having a legitimate need and valid authorization for access to the record). The patient or his authorized representative shall have access to the medical record pursuant to this policy and procedure.
3. Medical records may be removed from the Center's jurisdiction and safekeeping only in accordance with a court order, which does not require patient authorization or patient notification. Subpoenas should be accompanied either by a patient's signed authorization or include a statement that the patient was notified of the subpoena, given the opportunity to object and has not objected.

4. The medical record shall be defined as the composite document containing identification information, reports of clinical examination and treatment and ancillary reports of tests, exams, care and treatment.
5. The Center shall comply with valid requests for medical records within a reasonable time period. All requests shall be directed to the Medical Records Department for appropriate disposition.
6. Prior to printing Centricity EHRS, TREENO or copying any paper medical records, medical records staff should review the medical record to ensure all notes/documentation are signed and there are no outstanding documents that need to be scanned into the patients EHR..

*Valid Authorization of Patient Medical Record*

Information from medical records may be released pursuant to a valid authorization. The authorization must be in writing and should include the following data:

- a. Addressed to PCC Community Wellness Center
- b. The patient's full name and date of birth
- c. The name and address of the individual or agency to which the information is being released.
- d. The purpose or need for medical information
- e. The exact information needed from the medical record (both by date and specifics of part(s) of record being requested) including sensitive information such as HIV/AIDS information, records of alcohol or drug abuse treatment or mental health treatment.
- f. Something that states the authorization may be revoked in writing.
- g. Something stating the information has the potential to be redisclosed
- h. Something stating that treatment, payment or eligibility may not be conditioned on obtaining the patient's authorization.
- i. Patient or their representative's signature (if representative, should include court orders, power of attorney for healthcare papers, death certificates, estate papers, guardianship papers, adoption papers, etc.) The signature of the patient or other authorized individual with substantiating documents when necessary. The authorizing signature should be compared with a signature in the medical record for authenticity. If the record contains no signature for comparison, verification of identity and authority must be ensured. (See Verification of Identity and Authority Policy and Procedure).
- j. An expiration date
- k. The method in which the records should be released (electronic copy CD, mailed, faxed).

In the event that the authorization is found to be inadequate (missing one of the above stated items), medical records staff should fax or mail requestor PCC's "Inadequate Authorization" letter (see attached) along with the original request. A copy of both should be filed in the medical record or scanned into the EHR.

*Authorized Release of Information*

The following individuals may authorize the release of information from the medical records upon signing a valid authorization:

1. Competent adult patients.
2. A guardian, if the patient is a minor under 18 years of age.
3. A guardian, if the patient is legally judged incompetent.
4. Emancipated minor.
5. The executor, administrator or personal representative of a deceased patient.

NOTE: The guardian of a patient who is at least 12, but under 18 years of age, may inspect and request a copy of the medical record with the exception of any information pertaining to the minor seeking treatment for a sexually transmitted diseases, drug or alcohol use and family planning. If any visits pertain to any of these areas, the minor MUST authorize the release of this information. In addition, the guardian of a patient who is at least 12, but under 18 years of age, may inspect and request a copy of the patient's mental health record, if the recipient is informed and does not object or if the therapist does not find that there are compelling reasons for denying access. The guardian who is denied access by the patient or the therapist may petition a court for access to the record.

#### *Telephone Requests*

Verbal requests for the release of medical information are discouraged and limited to emergency situations only. Such a request is generally initiated by a provider and is for the benefit of the patient. Reasonable verification of identity should occur before release of protected health information.

#### *Access to Medical Records*

In accordance with Illinois law, a patient, his provider or authorized attorney shall be permitted to inspect and/or have copies made of the patient's medical record upon presentation of a valid authorization. All requests from attorneys should be directed to the Director of PI.

Patients are permitted to review their original medical records, but only in the presence of their provider. A time should be scheduled when the provider is available to review the entire chart with the patient.

Requested records should be processed in 3 business days ~~received within 3 weeks.~~

#### *Release to Attorneys*

1. Information from a patient's medical record may not be released to the patient's attorney without a valid authorization in the form of a signed patient authorization or court order.
2. The Center will comply with all valid subpoenas. A valid subpoena consists at a minimum of the following: originator, signature, original seal and a docket number as well as either an authorization from patient or legal guardian for release of records or documentation that the patient whose records are being requested has been notified of subpoena, given the opportunity to object to request and has not objected.

3. All requests from attorneys should be directed to the Director of PI with the medical record.

*Release of Information Pursuant to Illinois Worker's Compensation Act*

1. If a case is pending at the Illinois Industrial Commission pursuant to the Worker's Compensation Act, the patient's medical records may be released, upon written request, to any party to the proceeding (i.e. the employee or his dependents, the employer, or their attorneys).

*Release of Information in Cases of Public Record*

1. In cases of public record (i.e. when the patient is a public figure or a victim of a newsworthy occurrence, such as an accident or crime) information may not be disclosed without the valid authorization of the patient or his authorized representative and notification of the Chief Executive Officer.

In all cases, PCC Community Wellness Center will use and disclose information at a level consistent with the minimum amount necessary to fulfill the function for which the disclosure of information is intended. PCC Community Wellness Center will not disclose an entire medical record, except for treatment purposes or when the entire record is specifically justified.

When a request for information is made, without authorization of the patient, staff should instruct caller that a valid authorization from the patient is needed and provide them with PCC's "Authorization to Release Medical Records" form. Any additional questions should be directed to the Director of PI. If the Director of PI is not readily available, the Medical Director or Clinic Administrator should be contacted.

In addition, there are additional IL state laws that require specific patient authorization from the patient to specifically release information on HIV/AIDS, alcohol or drug abuse treatment and mental health treatment. This information can not be released without this authorization.

All staff is accountable for maintaining the privacy of medical records knowing that breaches of confidentiality and/or privacy may be prosecuted. All personnel are to be informed of the confidentiality and privacy policy upon employment at PCC Community Wellness Center or upon completing a contract with PCC Community Wellness Center. Any person or agency that has unsupervised access to the clinic (e.g. cleaning personnel, couriers, security, etc.) are to be given a written notice of the confidentiality and privacy policy and the fact that breaches may be prosecuted.

*Minimum Necessary*

Minimum necessary is the use of disclosure of the least amount of information required to complete the purpose or function intended. All disclosures of protected health information for the purposes of treatment, payment and healthcare operations will contain only the amount of information necessary to achieve the purpose of the disclosure.

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